TOWN OF WINDSOR

POST OFFICE BOX 307 WINDSOR, VIRGINIA 23487 757-242-4288

APPLICATION FOR:

Rezoning or Comprehensive Plan Amendment or Conditional Use Permit
Applicant(s) Name:
Address:
City, State, Zip Code:
Phone Number Day: Mobile:
Applicant(s) Name:
Address:
City, State, Zip Code:
Phone Number Day: Evening: Mobile:
Address of Property:
Tax Map Number: Acreage of Parcel: Current Zoning: Legal Reference:
Rezoning Request from zoning district to zoning district, or
☐ Comprehensive Plan change from
Please give a brief project overview in the space provided below, or attach additional information if needed.
Owner's Affidavit (including compliance with all deed restrictions and covenants)
Owner: Date: Owner: Date:
CHECK LIST Application Form Cover Letter Site Plan Poster/Date to Post: Received By: Date: 1

TOWN OF WINDSOR Disclosure of Real Estate Holdings

Owner/Applicant Address City,State, Zip
REAL ESTATE HOLDINGS TO BE AFFECTED
Location or Address
Description Secription Isle of Isle
OTHER OWNERS OF AFFECTED REAL ESTATE (not required for Corporations whose stock is traded on a national or local stock exchange or having more than 500 shareholders)
Does any member of the Board of Zoning Appeals, Planning Commission, Town Council or governing body have any interest in such property, either individually, by ownership of stock in a corporation owning such land, partnership, as the beneficiary of a trust, or the executor of a revocable trust, or whether a member of the immediate household of any member of the governing body has any such interest? Yes No If yes, state names of members:
I do solemnly swear that the foregoing statements are complete, correct and true.
Date Signature
State of Virginia, County of Isle of Wight:
Subscribed and sworn before me, a Notary Public in and for the County of Isle of Wight, State of Virginia, this day of
Notary Public
My Commission Expires